

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34346**

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **5693** Registrar's No. **195**

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Blue Mound		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Blue Mound Twp.	
c. LENGTH OF STAY (in this place) 5173		d. STREET ADDRESS (If rural, give location) Rt. 2-Phillipoth, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 2-Phillipoth, Mo.			

3. NAME OF DECEASED a. (First) Amelia b. (Middle) Louise c. (Last) Kleinschmidt			4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 1, 1874	9. AGE (In years last birthday) 75 Months 0 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) Adams Co. Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				

13a. FATHER'S NAME Henry Mollenhauer		13b. MOTHER'S MAIDEN NAME Louise (Unknown)		14. NAME OF HUSBAND OR WIFE ✓	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lavinia Bauer - Phillipoth, Mo. ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 hr, 15 min
	ANTECEDENT CAUSES Maribid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension - Mild		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			1/201

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Oct. 10, 1949**, to **Oct. 14, 1949**, that I last saw the deceased alive on **Oct. 12, 1949**, and that death occurred at **2 A** m., from the causes and on the date stated above.

23. SIGNATURE Joseph A. Conrad M.D. (Degree or title)		23b. ADDRESS Phillipoth, Mo.		23c. DATE SIGNED Oct. 15-49	
24b. DATE 10/17/49		24c. NAME OF CEMETERY OR CREMATORY Edgewood		24d. LOCATION (City, town, or county) (State) Phillipoth, Mo.	

DATE REC'D BY LOCAL REG. Oct. 15-49		REGISTRAR'S SIGNATURE Francis B. Neill		25. FUNERAL DIRECTOR'S SIGNATURE Donald Gordon ADDRESS Phillipoth, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Russell Jordan*

Licensed Embalmer No. 4491

P. O. Address *Phillipsdale, Md.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.